CAMBAIGN	CONTRIBU	TIONS AND EXPENSES	REPORT	102	OKO E C	State of Nevad	a TRUSTEE F 13 6605
Name (print)	117	Office (f applicable)	- 0	DUE 30	District (if applicable)	12 11 AC
Mailing Address	90 5 (include city and	mame H	71/5	SPAR	Telephone No.	0 8	13 6605
E-Mail Address							
Select Appropri	ate Box(es)	CANDIDATE PAC [POL PRTY [□IND EXP □NO	NPROFIT CORP		
		LEGAL DEFENSE FUND	AMENDED [LOCAL BAG			
☐ Ann	ual Filing -	Due January 15, 2010					B
		009 – December 31, 2009				EG.	3 20
Rep Perio		e June 1, 2010* 010 — May 27, 2010			188	STRA	
		- October 26, 2010* 2010 — Oct. 21, 2010				2019	7 11
Peri Rep Perio	ort #3 Due –	- January 15, 2011*/** 2010 — Dec. 31, 2010				OF YO	3 5
		Due January 15, 2011			FOR O	FFICE USE ONLY	f. 0
		1, 2010 – December 31, 20	110			S	
* These	Reports are t	filed by incumbents/cand es for 2011 Annual Filing	idates in the 2 if candidate al	010 election cycl so filed Report N	le los. 1 and 2		
		TRIBUTIONS SUMMARY				Cumulative From Beginning Report Period #	of
					This Period	through End of This Reporting Period	
1. Total N	Monetary Contrib	outions Received in Excess of \$10	00		500	3000	0
2. Total	Monetary Contril	butions in the form of loans guard instruction sheet)	anteed by a third		0	0	
	Monetary Contril	butions in the form of loans that w	vere forgiven		0	0	
(000	page 2 of mean		This Period	Cumulative From Beginning of			
				Report Period #1 Through End of This Reporting			
4. Total	Amount of Mo	netary Contributions		Period		1	
Rece	eived	3) (See page 2 of instruction sheet)			500	3000)
5. Total	Amount of Writte	en Commitments for ommitment is funded, report as					
contrib (See pa	ution (monetary or in age 2 of instruction	n kind)) n sheet)	0	6			
	Value of In Kind ess of \$100	Contributions Received in (See page 2 of instruction sheet)	0	0			
		_	XPENSES SUN	AMADV			
7 Total	Monotoni Evno	nses Paid in Excess of \$100	AI LINGES SON			141	2.1
(See	page 2 of instr	uction sheet)			300	\$122	4
		Expenses in Excess 3 of instruction sheet)	0	0			
			AFFIRMATI	ON			
		1					
	1	//.					
I Declare Un	der Penalty o	of Perjury That the Forego	ing is True an	d Correct.	1	,	
1	11	ole 1	4. lon	1.	1/9	1.19	
Signature	Je	ya o	apri	Date	1/0/	//	
	//				/		
	//			/			
	11						
	//						
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	AND ATTEMPT TO A TOTAL CONTROL OF THE PARTY	Name and Address of the Owner, where the Owner, which is the Owne		
ESTE/A Name (print)	Cotience Louishor	Schools	DISTRICT	F
Name (print)	Office (if applicable)		District (if applicable)	

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
BUINERS ASSOC 5484 CORPORE # 200 RENO	10/24/10	\$500			
5484 CORPORE	NU				
					1 0.75

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Estala	Gutierrez	weanter	TRUSTER	F
Name (print)	Office (if	applicable)		istrict (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

This page may be copied or duplicated if additional space is needed.

PAGE OF Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	А
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	i
Other miscellaneous expenses	J.

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE___OF___

#3

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Reno Spanks Chamber 18 18 St # 1600	H	11/15/10	#300

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IN KIND	CAMPAIGN
CONTRI	RUTIONS

Report Period #3

ESTELA GUHIERIET

Office (if applicable)

UCSD TRUSKEF
District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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#3

District (if applicable)

(b)	
In Kind	Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary
	In Kind

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

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riod #

District (if applicable)

Name (print)

Office (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Revised: Oct-09